



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Drinking Water Program
2005 Public Water System
Annual Statistical Report for TNC Systems
For the 1/1/2005-12/31/2005 reporting period

PWS Name

PWS ID#

City/Town

A. General Information

☐ Change

☐ No Change

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility information

PWS Name

Street Address

Street Address (continued)

City/Town

State

Zip Code

Phone #

Fax #

2. Legally Responsible Party

Name

Address

Address (continued)

City/Town

State

Zip

Phone

Email Address

3. Legally Responsible Party, Off-season Mailing Address

c/o

Street Address

Address (continued)

City/Town

State

Zip Code

Start Date

End Date

4. Primary Contact

Name

Phone #

5. Primary Certified Water Operator

Name

Address

City/Town

State

Zip Code

Phone #

Fax #

License Grade(s)

License Number(s)

Contracted? (yes/no)

email address

6. Secondary Certified Water Operator

☐ Change

☐ No Change

Name

Phone #

License Grade(s)

License Number(s)

All TNC systems are required to be overseen by a licensed drinking water operator.



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B. Water System Information

☐ Change

☐ No Change

1. Water System Details

Types of
Facilities include:
Commercial
(e.g., retail
store),
Residential (<
180 days per
year),
Hotel/Motel,
Restaurant,
Summer Camp,
Industrial /
Agricultural,
Institution (e.g.,
religious
organization),
Recreation (e.g.,
beach, park,
campground),
Service Station,
Highway Rest
Area, or Other
(must specify).

Type of Facility

Owner Type

of Service Connections

of Distribution Systems

2. Dates of Operation

Opening Date (mm/dd)

Closing Date (mm/dd)

3. Population Served (average per day)

Winter

Summer

4. For this reporting period, did this water system buy or sell water to/from another public water system?

☐ Yes

☐ No

If yes, attach a list indicating the volume sold or purchased and the names and ID#s of the PWSs buying or selling.

5. Cross Connection Control Program

Date of most recent Cross Connection Survey

Surveyor's Name

Surveyor's Phone #

MA Cert. #

All testable devices are to be tested and inspected by a licensed tester (RPBP's semi-annually, DCVA's annually). If there are any RPBP's or DCVA's installed at this facility, list the testable device locations and 2005 test dates (attach additional pages if necessary).

Device Location

☐ RPBP ☐ DCVA

2005 test date(s)

Device Location

☐ RPBP ☐ DCVA

2005 test date(s)

6. Emergency Information

In the event of an emergency, the PWS must contact DEP. Indicate the action that would be taken in the event that the PWS is unable to provide an adequate quantity or quality of drinking water.

☐ Close facility (shut down water system)

☐ Provide bottled water

☐ Contract with water hauling company

☐ Other, explain:

All TNC systems
are required to
have had a cross
connection
survey
conducted by a
licensed
surveyor.

RPBP = Reduced
pressure backflow
preventors

DCVA = double
check valve
assemblies



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B. Water System Information (cont.)

7. Water Sources, Treatment, Consumption				
DEP Source ID #				
Source Name				
Source Availability ¹				
DEP Avg. Daily Pumping Limit (gpd)				
Zone I radius (ft) ²				
Changes to Zone I activities/ownership? ³	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possible sources of pollution in Zone I ⁴				
Is this source treated? ⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Purpose of Treatment ⁶				
Type of Treatment ⁷				
Is this source metered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volume used in 2005 (gallons)				
Total Volume used from all sources =				

Notes:

- 1 ACTIVE (active) = used as the primary or backup source, INACT (inactive) = off line for at least 1 year, EMERG (emergency) = emergency utilization (requires written permission from MassDEP to use)
ABAND (Abandoned) = no longer available for use as a public water supply source
- 2 Zone I is a 100' to 400' protective radius around a well. Springs have a square Zone I with dimensions indicated in the table. Contact MassDEP regarding any discrepancies of Zone I dimensions.
- 3 If 'YES' a description and map of the changes must be attached to this report.
- 4 Examples include: Septic system, roadway, vehicle parking, buildings, fuel tanks. Attach additional pages as necessary.
- 5 If a single treatment system is used to treat multiple water sources, please attach a diagram or description of the treatment system.
- 6 Disinfection, Softening, Taste/Odor, Inorganics Removal, Particulate removal, Corrosion Control, Organics Removal, Radionuclide Removal, Other - please specify.
- 7 Ultraviolet Light, Chlorination, Ion Exchange, Sediment Filter, Carbon Filter, Reverse Osmosis, Aeration, Chemical Addition, Other - please specify. If chemicals are added, indicate type of chemical used (e.g., sodium hydroxide). Attach additional pages as necessary.

C. Certification

I certify under penalty of law that I am the person authorized to fill out this form and that the information contained herein, and attached is true, accurate, and complete to the best of my knowledge.

Name _____

Title _____

Signature _____

Date _____

All TNC systems are required to have a water meter at each source and report annually the amount of water used from each source.

Starting in 2006, all TNC systems will be asked to report their maximum monthly water usage from each source. It will therefore be necessary for all TNC systems to keep records of each month's water meter reading.